

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>11025</b>	2. Fiscal Year Covered From  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name J. Paul Oddo  P.O. Box, Bldg., Room No., if any  Street 6309 N. Northwest Highway  City Chicago  State Illinois ZIP Code + 4 60631-0490	4. Name, file number, and address of labor organization.  Name Studio Mechanics Local 476  Labor Organization File Number 023-854  P.O. Box, Building and Room Number, if any  Street 6309 N. Northwest Highway  City Chicago  State Illinois ZIP Code + 4 60631-0490
5. Position in labor organization.  Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*J Paul Oddo*

On

Date

(773) 775-5300

Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Jacobs, Burns, Orlove, Stanich &amp; Hernandez</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 122 S. Michigan Ave., Suite 1720</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603-6145</p>	<p>14.a. Nature of payment.</p> <p>12/6/04: Christmas Box of Chocolates</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$30</p>

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**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name IATSE Local No. 2 (Stagehands)  Trade Name, if any:  P.O. Box Bldg., Room No., if any  Street 20 N. Wacker, Suite 1032  City Chicago  State Illinois ZIP Code + 4 60606-2901	<b>14.a. Nature of payment</b>  December 2004: Floral Arrangement
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  \$30

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name IA Local 110  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 230 W. Monroe, Suite 2511  City Chicago  State Illinois ZIP Code + 4 60606-4703	<b>14.a. Nature of payment</b>  December 2004: Fruit Basket
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment</b>  \$30

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Sommers & Fahrenbach  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 3301 W. Belmont Avenue  City Chicago  State Illinois ZIP Code + 4 60618-5512	<b>14.a. Nature of payment.</b>  December 2004: Sommers & Fahrenbach catalog gift certificate
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  \$30

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**Part C Continuation Page**

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Fringe Funding, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 3601 Algonquin Road Suite Suite 615  City Rolling Meadows  State Illinois ZIP Code + 4 60008	14.a. Nature of payment  December, 2004: Box of Wine
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.  \$175

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

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13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.